



UPON COMPLETION, PLEASE UPLOAD THIS DOCUMENT IN MOODLE

Name of liaison staff memb	er							
Practicum Course	PE1 PE2/		Advanced Professional Pract			ice (5442, 5118, 5325)		
Teacher Education Student	name							
School name					Date	e of visit		
Method 1			Method 2					
Program								
Supervising Teacher name								
School coordinator name								
Direct contact with Supervising T		Teacher	School Coordinator Tea			Feacher Education Student		
Please circle/ highlight appropriate box upon sighting the following completed documentation:								
Timetable	le Up-to-date Lesson Plans Observation tasks Lesson							
Observations	Teaching Materials		TPA/Interim Report					
Strengths/concerns raised by the Supervising Teacher								
Strengths/concerns raised by the Teacher Education Student								
General comments of this placement for Professional Experience								
De	ofessional Experience 1:	Profe	Professional Experience 2:			Advanced Professional Practice		
Please fill in for Corresponding course	Or Follow up roquirod?		Student has met all the standards (and can proceed to the Internship? Yes No			(EDST5442, EDST5118, EDST5325): Follow up required? Yes No		
only:								
						100		
I have observed a lesson I have looked at the Evidence Set		Yes No	.,					
I have counter signed the Interim Report		Yes No Yes No						
Liaison signature						Date		

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